

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **Apparatus and method for recording the movement of organs of the body** the specification of which (check only one item below):

is attached hereto.
 was filed as United States application

Serial No _____

on _____

and was amended

on _____

was filed as PCT international application

Number PCT/IB2004/050601

on May 6, 2004

and was amended under PCT Article 19

on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119
Europe	031 01 455.8	21 May 2003	YES

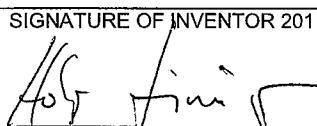
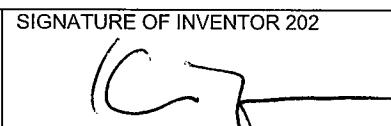
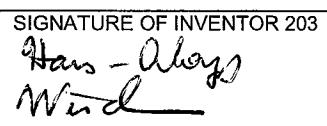
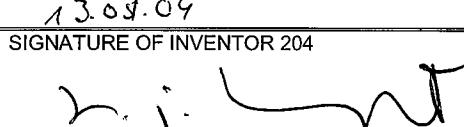
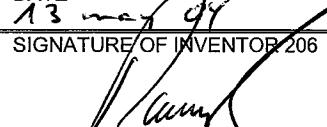
Combined Declaration For Patent Application and Power of Attorney (Continued)
(includes Reference to PCT International Applications)

Attorneys Docket Number
PHDE030171 US

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32,266 Edward M. Blocker, Reg. No. 30,245			Direct Telephone Calls to: (name and telephone number) (914)332-0222	
201	FULL NAME OF INVENTOR	FAMILY NAME TIMINGER	FIRST GIVEN NAME Holger	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Hamburg	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Winterhuder Weg 120	CITY 22085 Hamburg	STATE & ZIP CODE/COUNTRY Germany
202	FULL NAME OF INVENTOR	FAMILY NAME KRÜGER	FIRST GIVEN NAME Sascha	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Hamburg	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Wellingsbütteler Landstr. 205	CITY 22337 Hamburg	STATE & ZIP CODE/COUNTRY Germany
203	FULL NAME OF INVENTOR	FAMILY NAME WISCHMANN	FIRST GIVEN NAME Hans-Aloys	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Henstedt-Ulzburg	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Finkenweg 50	CITY 24558 Henstedt-Ulzburg	STATE & ZIP CODE/COUNTRY Germany
204	FULL NAME OF INVENTOR	FAMILY NAME BORGERT	FIRST GIVEN NAME Jörn	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Hamburg	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Wartenaу 19	CITY 22089 Hamburg	STATE & ZIP CODE/COUNTRY Germany
205	FULL NAME OF INVENTOR	FAMILY NAME SABCZYNSKI	FIRST GIVEN NAME Jörg	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Norderstedt	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Franz-Schreck-Weg 21	CITY 22846 Norderstedt	STATE & ZIP CODE/COUNTRY Germany
206	FULL NAME OF INVENTOR	FAMILY NAME RASCHE	FIRST GIVEN NAME Volker	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Hamburg	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Friedrichshulder weg 63e	CITY 22547 Hamburg	STATE & ZIP CODE/COUNTRY Germany

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201 	SIGNATURE OF INVENTOR 202 	SIGNATURE OF INVENTOR 203 
DATE 13.05.04	DATE 13.05.04	DATE 13. May. 04
SIGNATURE OF INVENTOR 204 	SIGNATURE OF INVENTOR 205 	SIGNATURE OF INVENTOR 206 
DATE 27.04	DATE 13.05.2004	DATE 21/07/04

U.S. DEPARTMENT OF COMMERCE - Patent and Trademarks Office